

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

**10/018889**

FILING DATE

**26 DEC 2001**

APPLICANT(S)

*Tyler*

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT													
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	1		1				51											
2							52											
3		2		2			53											
4		1		1			54											
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44							94											
45							95											
46							96											
47							97											
48							98											
49							99											
50							100											
TOTAL IND.	4		4				TOTAL IND.											
TOTAL DEP.	4		4				TOTAL DEP.											
TOTAL CLAIMS	5		5				TOTAL CLAIMS											